### ALABAMA FAIR CAMPAIGN PRACTICES ACT

### POLITICAL COMMITTEE PRE-ELECTION REPORT SUMMARY FORM 1

|      | Please Print in Ink or Type.   |         |   | Type of I   |   | Election Date                                   |
|------|--|---------|---|-------------|---|---|
| Nar  | me of Political Committee (as appears on Statement of Organization)  Acronym | for PAC |   |             | ary Election  |   |
|      | , , ,  |         |   | Prim        | ary Runoff  |   |
| Add  | dress (as appears on Statement of Organization)                              | dress   |   | Gene        | eral Election   |   |
|      |  |         |   | Spec        | cial Election   |   |
|      |  |         |   |             | Report (check of  |   |
| City | State ZIP Code Telephone   | e Numbe |   |             | Day Pre-Electi  |   |
|      |  |         |   |             | ay Pre-Election   | •   |
|      |  |         |   | CHECK WHICH | nded Pre-Elect<br>ONE OF THE ABOVE BO<br>TYPE OF REPORT IS BE | ION Report<br>DIXES TO INDICATE<br>LING AMENDED |
| Sı   | ummary of activity since last filed report                                   |         |   |             |   |   |
| 1    | Beginning balance (ending balance from previous filing                       | g)      |   |             | 1   |   |
|      | Cash Contributions   |         |   |             |   |   |
| 2a   | Itemized cash contributions (total from Form 2)                              | 2a      |   |             |   |   |
| 2b   | Non-itemized cash contributions  | 2b      | ) |             |   |   |
| 2c   | Non-itemized employee payroll contributions                                  | 20      | : |             |   |   |
| 2d   | Total cash contributions (add lines 2a, 2b, and 2c)                          |         |   |             | 2d  |   |
|      | In-Kind Contributions  |         |   |             |   |   |
| 3a   | Itemized in-kind contributions (total from Form 3)                           | 3a      |   |             |   |   |
| 3b   | Non-itemized in-kind contributions   | 3b      |   |             |   |   |
| 3c   | Total in-kind contributions (add lines 3a and 3b)                            | 30      | ; |             |   |   |
|      | Receipts from Other Sources  |         | • |             |   |   |
| 4    | Total receipts from other sources (total from Form 4)                        |         |   |             | 4   |   |
|      | Expenditures   |         |   |             |   |   |
| 5a   | Itemized expenditures (total from Form 5)                                    | 5a      |   |             |   |   |
| 5b   | Non-itemized expenditures  | 5b      | ) |             |   |   |
| 5c   | Total expenditures (add lines 5a and 5b)                                     |         |   |             | 5c  |   |
| 6    | Ending balance (add lines 1, 2d, & 4, then subtract line 5c                  | :)      |   |             | 6   |   |

hereby swear or affirm to the best the attached report(s) and the true and correct and that this statement of all contributions, information during the applical Signature of Notary Public

Printed Name of Notary Public

hereby swear or affirm to the best the attached report(s) and the true and correct and that this statement of all contributions, information during the applical Signature of Chairperson or Treast Committee

hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Chairperson or Treasurer of Political Date

FORM REVISED 12.10.99

# FORM 2: CONTRIBUTIONS RECEIVED BY POLITICAL COMMITTEE

NAME OF POLITICAL COMMITTEE:

The FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

**FORM REVISED 10.29.99 CONTRIBUTOR** (INCLUDE FULL NAME) ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL CASH CONTRIBUTIONS THIS PAGE Business or SOURCE
OF CONTRIBUTION
(CHECK ONE) Corporation Individual PAC Other Returned CONTRIBUTION **RECEIVED** (mo./day/yr.) DATE CONTRIBUTION AMOUNT

# FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY POLITICAL COMMITTEE

NAME OF POLITICAL COMMITTEE: The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings. (INCLUDE FULL NAME) CONTRIBUTOR (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) **ADDRESS** Administrative NATURE OF CONTRIBUTION (CHECK ONE) Advertising Consultants/ Polling Equipment Food Rent Transportation Other Business/ Corporation SOURCE (CHECK ONE) Individual PAC Other CONTRIBUTION (mo./day/yr.) RECEIVED DATE PAGE CONTRIBUTION **AMOUNT** 유

**FORM REVISED 10.29.99** 

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

ALABAMA FAIR CAMPAIGN PRACTICES ACT

# **FORM 4: RECEIPTS FROM OTHER SOURCES**

LOANS/INTEREST/OTHER SOURCES OF INCOME TO POLITICAL COMMITTEE

| AME OF POLITICAL COMM |  |
|-----------------------|--|
| TTEE:                 |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
| <br>PAGE              |  |
| 유                     |  |

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

|                          | т                      | AGI   | SP                            | 로          | S.          | EIP1                   | TOTAL RECEIPTS THIS PAGE   |                    |      |          |   | FORM REVISED 10.29.99 |
|--------------------------|------------------------|-------|-------------------------------|------------|-------------|------------------------|--|--------------------|------|----------|---|-----------------------|
|                          |                        |       |                               |            |             |                        |  |                    |      |          |   |                       |
|                          |                        |       |                               |            |             |                        |  |                    |      |          |   |                       |
|                          |                        |       |                               |            |             |                        |  |                    |      |          |   |                       |
|                          |                        |       |                               |            |             |                        |  |                    |      |          |   |                       |
|                          |                        |       |                               |            |             |                        |  |                    |      |          |   |                       |
|                          |                        |       |                               |            |             |                        |  |                    |      |          |   |                       |
|                          |                        |       |                               |            |             |                        |  |                    |      |          |   |                       |
|                          |                        |       |                               |            |             |                        |  |                    |      |          |   |                       |
|                          |                        |       |                               |            |             |                        |  |                    |      |          |   |                       |
| AMOUN I<br>OF<br>RECEIPT | RECEIVED (mo./day/yr.) | Other | Business                      | Individual | PAC         | Lending<br>Institution | GUARANTORS  [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] | Other              | Loan | Interest | (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | (INCLUDE FULL NAME)   |
|                          |                        |       | RECEIPT SOURCE<br>(CHECK ONE) | PT S       | (CH<br>(CEI |                        | COMPLETE THIS BLOCK IF RECEIPT<br>IS A LOAN  | FORM<br>OF RECEIPT | FORI | 9 7      |   |                       |

ALABAMA FAIR CAMPAIGN PRACTICES ACT

### **FORM 5: EXPENDITURES**

## BY THE POLITICAL COMMITTEE - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

· | 아 \_

| ME OF POLITICAL ( |  |
|-------------------|--|
| COMMITTEE:        |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |
|                   |  |

|                             | AGE                                     | EXPENDITURES THIS PAGE       |                | Ĕ              |                   |             | TOTAL         | _ }                  | -                        | -           |   | FORM REVISED 10.29.99   |
|-----------------------------|---|------------------------------|----------------|----------------|-------------------|-------------|---------------|----------------------|--------------------------|-------------|---|---|
|                             |   |                              |                |                |                   |             |               |                      |                          |             |   |   |
|                             |   |                              |                |                |                   |             |               |                      |                          |             |   |   |
|                             |   |                              |                |                |                   |             |               |                      |                          |             |   |   |
|                             |   |                              |                |                |                   |             |               |                      |                          |             |   |   |
|                             |   |                              |                |                |                   |             |               |                      |                          |             |   |   |
|                             |   |                              |                |                |                   |             |               |                      |                          |             |   |   |
|                             |   |                              |                |                |                   |             |               |                      |                          |             |   |   |
|                             |   |                              |                |                |                   |             |               |                      |                          |             |   |   |
|                             |   |                              |                |                |                   |             |               |                      |                          |             |   |   |
| AMOUNT<br>OF<br>EXPENDITURE | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | OTHER GIVE BRIEF EXPLANATION | Transportation | Lodging        | Loan<br>Repayment | Fundraising | Food          | Polling Contribution | Advertising Consultants/ | Advertising | ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) |
|                             |   | JRE                          | ן לוון         | OF EXPENDITURE |                   | OSE<br>(C   | PURPOSE<br>(C | _                    |                          |             |   |   |
|                             |   |                              | ìd.            | mize           | e ite             | 00 k        | er \$1        | s ove                | ture                     | endi        | The FCPA requires that expenditures over \$100 be itemized.                 |   |